## UAS REQUEST FORM - SAFETY AND PRIVACY PRACTICES AGREEMENT

Please complete this form and return it to the *[Thruway Authority]* at least 14 calendar days prior to the requested UAS operation.

**Section 1: Requestor Information** 

Name: Firm Name:

Address:	
Email:	
Phone:	
	Project Information
Client:	
Project Name/#:	
Location:	
DPM/CPM	1:
Purpose:	
	Opera or h forma fon
Name: Address:	
Email:	
Phon	
Pilot License#.	*
*If operation	der the authority of a Remote Pilot In Command (RPIC),
indicate the	e RPIC name and License# in this box.
Section 4:	Aircraft Information

Section 4: Aircraft Information (... continued)

Section 7: Flight Details

Date:	
Time:	
Location:	
Altitude:	
Flying over people?	If yes, please attach copy of FAA waiver.
Operating under	If yes, please attach a copy.
Certificate of Waiver or	
Authorization (COA)/333/	
Part 107	
Flight Details:	

## **Section 6: Safety and Privacy Practices Agreement**

I, the undersigned, hereby agree that I have read and will adhere to the following safety and privacy practices throughout the duration of the abovementioned UAS. I further acknowledge that I am at least 18 years old and legally competent to sign this agreement.

Please initial next to each safety and privacy practice and sign on the signature line below.

All operations must comply with FAA regulations, State and local laws (ordinances, policies, and the contrast terms, or policies of the
laws/ordinances, policies and the contract terms or policies of the
[Thruway Authority]. Operator understands and acknowledges that
 it is the responsibility of the Operator to adhere to this requirement.
UAS must not be used to monitor or record activities in Locations Where
 There is a Reasonable Expectation of Privacy.
UAS must not be used for any unapprove recordings on projects or for
 any unlawful purpose.
<ul> <li>UAS shall not exceed an altitude of 4' J feet above round level. *</li> </ul>
<ul> <li>UAS must always be within the O' _rator's lineof-sight. *</li> </ul>
 • UAS shall not exceed speeds of more than 20 miles per hour (mph).
 UAS shall not interfere with manned a. raft.
 UAS shall not fly over peop .
 Operator shall reasonably attempt to bify people in the area about the
operation.
 Operator shall not operate the AS from moving vehicles.
 • Operator shall not rec's a parate the UAS.
 Operator shall not erate the UAS while under the influence of drugs or
alcohol
 Operation shall only occur during daylight hours, unless the Operator has
received FAA authorization to operate at night, and such operation is in
 accordance vit the [Thruway Authority's] policies and the policies of
• the client. * Operation shall not occur if the FAA issues any
 Temporary Flight Restrictions for the airspace over the flight location.
• Operator shall submit a UAS Post Flight Report to the [Thruway Authority]
 within 72 hours of the operation.
Operator and Contractor/Consultant will immediately notify the [Thruway]
Authority], and the appropriate regulatory and law enforcement
 agencies of any Accident or Adverse Event during the operation.
<ul> <li>Operator will assist with any analysis, investigation and/or remediation</li> </ul>
 effort following an Accident or Adverse Event.
<ul> <li>Operator acknowledges that any photos, video, test/inspection samples</li> </ul>
or measurements taken during the operation are the exclusive intellectual
property of the <i>[Thruway Authority]</i> and shall not be shared, used or
otherwise disseminated without the express, written consent of the

[Thruway Authority].

Printed vame:  Signature:  Date:  Section 8: Review & Approval/Denial	applicable and all da and costs related to  Operator the UAS with this and emerge operator obtaining  *May app  Class G airspace Visual Line of Site 400 ft. altitude (Fabove a structure's Night flight Flying over peop  Section 7  Printed as Signature:  Date:	AA Part 107.51- RPIC - on fly simmediate uppermost lime) le : Opers or's bignature ame:  : Review & Approval/Denia	of New York harmless ments, liabilities, los y action for or arisin ropriate Insurance could provide proof of w a pre-flight check and on private proto flight.  The state of	s from any sees, awards g out of or overage during such Insurance list, along with
Reviewed By:  Request: Approved  Denied  Date:	Ву:		 Denied □	Date: